

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11-26-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99213, 97032, 97016, 99080, 97545-WC and 97546-WC, 98940, and 99455 on dates of service 12-5-02 through 10-6-03.

II. FINDINGS

On 3-5-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 99213 billed on 12-5-02, 12-9-02, 12-11-02, 12-19-02, 12-30-02, 6-25-03, and 5-14-03 had no EOB submitted by either party. Therefore, this review will be according to the 1996 *Medical Fee Guideline*. Relevant information submitted supports delivery of service. Recommend reimbursement of $\$48.00 \times 7 \text{ DOS} = \336.00 .

CPT code 99213 billed on 1-16-03, 1-13-03, 1-2-03, and 5-28-03 was denied as "D – duplicate." Since neither party submitted the first EOB to determine the reason for denial, this review will be according to the 1996 *Medical Fee Guideline*. Relevant information submitted supports delivery of service. Recommend reimbursement of $\$48.00 \times 4 \text{ DOS} = \192.00 .

CPT codes 97032, 97016, and 98940 billed on 10-6-03 had no EOB submitted by either party. Therefore, this review will be according to the Medicare Fee Schedule. Relevant information supports 97016 and 97032 only. Recommend reimbursement of $\$12.90 \times 125\% = \$16.12 + \$15.06 \times 125\% = \$18.82 = \$34.94$.

CPT code 99080 billed on 9-8-03 was denied as "F" and "D". Requestor failed to submit relevant information to support delivery of service. No reimbursement recommended.

CPT code 99455 billed on 9-29-03 had no EOB submitted by either party. Therefore, this review will be according to the Medicare Fee Guidelines. Requestor failed to submit relevant information to support delivery of service. No reimbursement recommended.

CPT codes 97545-WC and 97546-WC billed on 5-23-03, 5-22-03, 5-20-03, 5-19-03, 5-16-03, 5-14-03, 5-13-03, 5-2-03, 5-1-03, 4-29-03, and 4-28-03 had no EOB submitted by either party. Therefore, this review will be according to the 1996 *Medical Fee Guideline*. Relevant information supports delivery of service. Recommend reimbursement of \$36.00 x 4 units = \$144.00 x 11 DOS = \$1,584.00.

CPT codes 97545-WC and 97546-WC billed on 5-6-03 and 5-9-03 were denied as “A – preauthorization required but not requested.” Requestor is CARF accredited from 1-23-03 through 12-31-03 and preauthorization is not required. Therefore, this review will be according to the 1996 *Medical Fee Guideline*. Relevant information supports delivery of service. Recommend reimbursement of \$36.00 x 4 units = \$144.00 x 2 DOS = \$288.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement. The Division hereby ORDERS the Respondent to remit \$2434.94 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 28th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division